EKLI IEKKACE			
HOSPITAL DRIVE			
ERTOWN 53098 Phone: (920) 261-922	20	Ownershi p:	Corporati on
rated from $1/1$ To $12/31$ Days of Operation	n: 366	Highest Level License:	Skilled
rate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
ber of Beds Set Up and Staffed (12/31/00):	122	Title 18 (Medicare) Certified?	Yes
al Licensed Bed Capacity (12/31/00):	130	Average Daily Census:	114
ber of Residents on 12/31/00:	118	0 0	
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Services Provided to Non-Residents	ļ	Age, Sex, and Primary Diagn	osis of	Residents $(12/3)$	1/00)	Length of Stay (12/31/00)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	% 	Less Than 1 Year 1 - 4 Years	49. 2 33. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7. 6	More Than 4 Years	17. 8
Day Servi ces	No	Mental Illness (Org./Psy)	7. 6	65 - 74	5. 9		
Respite Care	Yes	Mental Illness (Other)	4. 2	75 - 84	30. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	40. 7	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegi c	0. 0	95 & 0ver	15. 3	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	2. 5			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	11.0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	16. 1	65 & 0ver	92. 4	[	
Transportati on	No	Cerebrovascul ar	8. 5			RNs	8. 7
Referral Service	No	Di abetes	4. 2	Sex	%	LPNs	8. 7
Other Services	Yes	Respi ratory	4. 2			Nursing Assistants	
Provi de Day Programming for		Other Medical Conditions	41.5	Male	30. 5	Aides & Orderlies	30. 1
Mentally Ill	No			Female	69. 5		
Provi de Day Programming for			100. 0				
Developmentally Disabled	No				100. 0		
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## Method of Reimbursement

		Medi (Ti tl			Medic (Title			0th	er	Pi	ri vate	Pay		Manageo	d Care		Percent
			Per Die	n		Per Die	m		Per Die	m		Per Dien	1	l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	1. 3	\$118.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	1	0. 8%
Skilled Care	17		\$273. 81	7 <b>0</b>	92. 1	\$100.83	ŏ	0. 0	\$0.00	<b>24</b>		\$142.75	ŏ	0. 0	\$0.00	111	94. 1%
Intermedi ate				5	6.6	\$83.65	0	0.0	\$0.00	1	4.0	\$137. 10	0	0.0	\$0.00	6	5. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	17	100.0		76	100. 0		0	0.0		25	100.0		0	0. 0		118	100.0%

Admissions, Discharges, and Deaths During Reporting Period Percent Ad Pri vate

Percent Distribution of Residents'		
	 Total	

Deaths During Reporting Period		[						
8 1 8	'			9	6 Needi ng		To	otal
Percent Admissions from:		Activities of	%		sistance of	% Totally	Num	ber of
Private Home/No Home Health	10.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi	i dents
Private Home/With Home Health	0. 7	Bathi ng	10. 2		<b>52</b> . 5	37. 3	11	18
Other Nursing Homes	4. 1	Dressi ng	16. 1		47. 5	36. 4	11	18
Acute Care Hospitals	84. 5	Transferring	25. 4		60. 2	14. 4		18
Psych. HospMR/DD Facilities	0. 0	Toilet Use	23. 7		61. 9	14. 4		18
Rehabilitation Hospitals	0. 0	Eati ng	<b>78.</b> 0		11.0	11. 0	11	18
Other Locations	0.0	*****************	*******	******	*******	*******	******	******
Total Number of Admissions	148	Continence		%	Special Trea	tments		%
Percent Discharges To:		Indwelling Or Extern		3. 4		Respiratory Care		0. 0
Private Home/No Home Health	15. 4	Occ/Freq. Incontine		<b>54.</b> 2		Tracheostomy Care		0. 0
Private Home/With Home Health	24. 6	Occ/Freq. Incontine	nt of Bowel	47. 5	Recei vi ng	Suctioning •		0. 0
Other Nursing Homes	8. 5	_				Ostomy Care		0. 8
Acute Care Hospitals	7. 7	Mobility				Tube Feeding		0. 0
Psych. HospMR/DD Facilities	0.8	Physically Restrain	ed	5. 9	Recei vi ng	Mechanically Altered D	iets 4	42. 4
Reĥabilitation Hospitals	0. 0				_	-		
Other Locations	4.6	Skin Care			Other Reside	nt Characteristics		
Deaths	38. 5	With Pressure Sores		5. 1		ce Directives	ξ	98. 3
Total Number of Discharges		With Rashes		5. 9	Medi cati ons			
(Including Deaths)	130				Recei vi ng	Psychoactive Drugs	4	44. 9
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		Ownershi p:		Bed	Si ze:		Li censure:		
	Thi s	Prop	ori etary	100-	100- 199		Ski l l ed		
	Facility	Peer Group		Peer	Group	Peer Group		Faci l	ities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	87. 7	83. 7	1. 05	86. 4	1. 01	87. 0	1. 01	84. 5	1.04
Current Residents from In-County	19. 5	<b>75.</b> 1	0. 26	79. 8	0. 24	69. 3	0. 28	77. 5	0. 25
Admissions from In-County, Still Residing	8. 8	18. 7	0. 47	23. 8	0. 37	22. 3	0. 39	21. 5	0.41
Admi ssi ons/Average Daily Census	129. 8	152. 8	0. 85	109. 7	1. 18	104. 1	1. 25	124. 3	1.04
Discharges/Average Daily Census	114. 0	154. 5	0. 74	112. 2	1.02	105. 4	1.08	126. 1	0. 90
Discharges To Private Residence/Average Daily Census	45. 6	<b>59</b> . 1	0. 77	40. 9	1. 12	37. 2	1. 23	49. 9	0. 91
Residents Receiving Skilled Care	94. 9	90. 6	1. 05	90. 3	1.05	87. 6	1. 08	83. 3	1. 14
Residents Aged 65 and Older	92. 4	<b>95.</b> 0	0. 97	93. 9	0. 98	93. 4	0. 99	87. 7	1.05
Title 19 (Medicaid) Funded Residents	64. 4	<b>65. 4</b>	0. 99	68. 7	0. 94	70. 7	0. 91	<b>69.</b> 0	0. 93
Private Pay Funded Residents	21. 2	23. 2	0. 91	23. 2	0. 91	22. 1	0. 96	22. 6	0. 94
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 8	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Residents	11. 9	31.4	0. 38	37. 6	0. 32	37. 4	0. 32	33. 3	0. 36
General Medical Service Residents	41. 5	23. 2	1. 79	22. 2	1.87	21. 1	1. 96	18. 4	2. 25
Impaired ADL (Mean)	46. 3	48. 9	0. 95	49. 5	0. 94	47. 0	0. 98	49. 4	0. 94
Psychological Problems	44. 9	44. 1	1. 02	47. 0	0. 96	49. 6	0. 91	50. 1	0. 90
Nursing Care Required (Mean)	6. 8	6. 5	1. 04	7. 2	0.94	7. 0	0. 96	7. 2	0. 95